

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert Kopetzky  
Title: A DRIVE UNIT FOR A SAFETY  
BELT TENSIONER  
Appl. No.: Unassigned  
Filing Date: Herewith  
Examiner: Unassigned  
Art Unit: Unassigned

J1002 U.S. PTO  
10/076270  
02/19/02

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Stk:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (10 pages).  
☒ Informal drawings (1 sheets, Figures 1-3).  
☒ Declaration and Power of Attorney (2 pages).  
☒ Assignment of the invention to TAKATA-(EUROPE) Vehicle Safety Technology GmbH.  
☒ Assignment Recordation Cover Sheet.  
☒ Check in the amount of \$40.00 for Assignment recordation.  
☐ Small Entity statement.  
☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).  
☒ Preliminary Amendment ( 4pp)  
☒ Information Disclosure Statement.  
☒ Form PTO-1449 with copies of 2 listed reference(s).  
☒ Correspondence Change of Address  
☐ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:


	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	10	- 20	= 0	x \$18.00	= \$0.00
Independents:	2	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
				SUBTOTAL:	= \$740.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):				= \$0.00
				TOTAL FILING FEE:	= \$740.00

- [ X ] A check in the amount of \$740.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2/19/2002

By 

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